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ABSTRACT

Over the past six to eight years the Center for Occupational and Professional Assessment at the Educational Testing Service has conducted many efforts in the area of professional self-testing to identify individual strengths and weaknesses as well as to determine what professionals learn from exposure to new information. The results of these efforts include the development of several self-testing kits, which incorporate various testing methods and media such as multiple-choice tests of cognitive knowledge, audio cassettes and written simulations. These self-assessment tests provide professionals with practical, cost-effective ways to increase their knowledge and skills. (Author/HLM)

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SELF-TESTING, CONTINUED COMPETENCE, AND RELICENSURE

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Self-Testing, Continued Competence, and Relicensure

Today most people involved in credentialing professionals agree that the issue of continued competence is central to the concern for protection of the public. The professions have established their own standards of competence (many of them still in process) and, while philosophies may differ as to what constitutes competence in a mature professional, most professionals agree that it is a product of lifelong learning: work experience, taking formal courses, attending seminars and workshops, learning from colleagues, self-study, and the like.

Some professional groups have recently increased pressure on legislators to enact mandatory continuing education as a condition of relicensure. A number of states have already done so. Other professional groups say that existing voluntary efforts are adequate, that mandatory continuing education cannot be justified in the absence of hard data to demonstrate a causal relationship between continuing education and competence, and that mandatory continuing education does not identify incompetents. There are also those who advocate reexamination as a condition of relicensure. This suggestion has made little headway in licensing circles, but at least one medical specialty board requires reexamination for recertification, and several other medical specialty boards have installed voluntary reexamination programs.

Any discussion of strategies for maintaining continued competence and demonstrating it when required must consider the cost and feasibility as well as the anticipated benefits. We are, after all, talking about millions

of licensed and certified professionals. In New York State alone there are 200,000 nurses, 40,000 physicians, 14,000 pharmacists, 17,000 certified public accountants and 15,000 professional engineers. To keep systematic track of the number and variety of continuing education activities of professionals across the nation is clearly a formidable task. The idea of reexamining every professional every five or six years is almost whimsical. The future may indeed hold computer-interactive devices and assessment centers for all. But what about this next decade, while we await the full development of reliable, cost-effective procedures for assessment of competence? What do we do now? In view of the public expectation that the individual professional should be responsible for maintaining competence, heavy reliance must be placed on continuing education as the vehicle for achieving this objective.

If practitioners are to decide where and how to direct their efforts, how are they to make these decisions? Professionals do not necessarily know in which content and skill areas they are weak. They often attempt to learn more about an area in which they are already proficient in order to understand it even better. What professionals think they need to know may be quite different from what the consumers of their services feel they ought to know. In most professions, it is difficult to plan an individual educational program in the face of the loose structuring of continuing education requirements, the diversity of available offerings, and the differing needs of the individual practitioner and society.

Over the past six or eight years, the Center for Occupational and Professional Assessment (COPA) at ETS has devoted a substantial portion of

its efforts to the concept of professional self-testing. This self-testing has had two goals: first, a diagnostic goal, to help the individual identify strengths and weaknesses in order to plan an adequate program of continuing education; and second, an evaluation goal, to help the individual determine what he or she has learned from exposure to new professional and technical information. As test producers, our traditional role has been to devise instruments to aid institutions--such as licensing and certification boards--in assessing other people's ability to perform competently in a specific profession. Self-testing represents an added emphasis in the use of tests to support continuing education. Instead of preparing tests primarily to meet some externally imposed standard, we are trying to help professionals make judgments based on their own needs, goals, and values. Thus, there is less emphasis on reporting scores and making pass/fail determinations. There is greater emphasis on providing diagnostic feedback that an individual can use to chart his or her own educational goals. And because the results of self-testing are not used by others to make decisions--such as who will be admitted or who will be anointed--there's more opportunity for innovation with testing techniques. While continuing to explore computer-interactive and other sophisticated approaches for self-testing, we have tended to experiment within a paper-and-pencil system. Such a system remains attractive when considerations of cost, standardization, and efficiency are applied to large-scale testing.

Our experience to date has been with professional associations that represent dentists, radiologic technologists, pediatricians, and psychiatrists. Job analytic techniques, as well as professional judgment, are used to determine the competencies required for safe and effective practice

in a given profession. ETS then develops instruments that reflect many, if not all, of these competencies. These tests are sent to individuals who may take them at home at their leisure and subsequently score the results themselves or send them in for scoring and analysis. Of course, ETS holds all individual scores confidential. Aggregate data, such as population summary information on different parts of the test, may be supplied to the sponsoring association to help it plan for continuing education programs, seminars, publications, and the like based on the identified needs of the participants. Because of the limitations of a paper-and-pencil system, some important skills--notably psychomotor performance and interpersonal skills--cannot be assessed by this technique. But within these limits, self-testing provides professionals with information they can use to increase competence in many important ways.

To explain this more fully, let me describe the contents of a self-testing kit. It usually includes multiple-choice tests that measure primarily cognitive knowledge but it does not stop there. We used audio cassettes in a self-assessment test for psychiatrists. We frequently use written simulations. In health related fields we call these patient management problems because the simulation involves deciding on the best course of action to follow in dealing with a patient. Examinees have to correctly evaluate a situation, diagnose what is wrong, and develop an appropriate course of action. If they ask for the results of laboratory tests, they must interpret them and use the information to decide what to do next. Scoring is somewhat complex, but the system takes into account not only the correctness of the solution but how efficiently it is arrived at. An examinee

who engages in a great deal of trial and error and pursues unproductive pathways in arriving at a correct solution doesn't score as high as one who is able to sift information purposefully and arrive at a sound solution via a more direct course.

Besides a score, the feedback provided by a self-assessment program can include interpretive information indicating the individual's performance in comparison to the rest of the examinee population and/or in comparison to relevant subgroups, a list of references, critiques on each of the questions contained in the test, and a series of monographs specially written on the major topics in which an examinee has shown weakness.

The idea of putting questions at the end of a chapter in a text-book or at the end of an article is nothing new. Unfortunately, such questions have usually been an afterthought, not an integral part of the learning process. Recently, ETS has been working with editors and publishers to make self-assessment tests serve as motivational devices as well as checks on learning. At present ETS is developing tests on a variety of topics in medicine and nursing. The programs are accredited for continuing education credit by the appropriate organizations in each profession. The examinations, which contain both multiple-choice questions and written simulations, are based on particular course materials. These materials can be a journal article, an entire book, or a combination of articles, closed-circuit TV broadcasts, and dialogues giving the pros and cons of a particular diagnosis or management situation. Examinations may be of a pre- and post-course nature, to establish how much learning takes place, or post-course only. Except for the TV broadcast, the course materials can be referred to while

answering post-course questions. Both pre- and post-course examinations are sent back to ETS for scoring and analysis. Depending on the nature of the course, continuing education credit is given by the association to all who participate in the entire process.

We have enjoyed working with different techniques and delivery systems because they provide us with an opportunity to be innovative. Our tests have received great acceptance among individual practitioners because they seem to reflect what is actually done on-the-job. The method of self-testing, the diagnostic feedback, and the concept of course materials sent to the home seem to be a real service to those who are unable to attend regular university or hospital-based courses, but must nevertheless compile continuing education credits.

As we gain experience with self-assessment and devise increasingly sophisticated methods, it may be possible to develop sound linkages between self-assessment, continuing education, and some type of reexamination or procedure for relicensure. However, the measurement techniques and scoring procedures described in this paper will need to be more fully refined to withstand the rigorous scrutiny required by the licensing process.

My colleague, Ben Shimberg, keeps reminding us that, although technical and psychometric problems related to reassessment will ultimately be solved, the political and psychological barriers will remain. Those who are already licensed are likely to be threatened by relicensure, no matter how convincing the research data. They will use all the political power at their disposal to prevent enactment of mandatory relicensure requirements.

If a state does decide to enact a mandatory relicensure program, Shimberg thinks "the assessment model developed by the American Board of

Internal Medicine has much to commend it because the model links the recertification examination to a self-assessment procedure. The merit of such a linkage lies in the fact that the self-assessment procedure provides practitioners facing recertification with an opportunity to find out beforehand the areas of competence in which they may be weak. Such knowledge enables them to 'brush up' before facing the formal reassessment process on which recertification would depend. Used in this fashion, self-assessment could make the relicensing process less ego-threatening since the likelihood of failure or 'loss of face' among professional colleagues would be minimized."[1]

I believe that mandatory reassessment for license renewal is still a long way off. In any event, self-assessment provides a practical, cost-effective way in which to help professionals identify areas of weakness so they can direct their educational efforts where they are likely to do the most good. Self-assessment is still in its infancy. We have hardly begun to take full advantage of modern technology: video cassettes, closed-circuit television, and computers. As these become part of our assessment process, the delivery and assessment of continuing professional education is certain to be transformed. It may never be possible to reach full consensus on the definitions of continued competence, but, nevertheless, self-testing procedures will contribute to the process.

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[1]B. Shimberg, Testing for Continued Competence: No Longer The Impossible Dream, address at the Third Annual Conference on the Professions, New York, New York, November 15, 1977.